| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF MICHIGAN | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this ar amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | | |
|-----|--|---|-------------|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Balicia First name Gladys Middle name Duvall Last name and Suffix (Sr., Jr., II, III) | - - - | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3120 | | |

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Debtor 1 Balicia Gladys Duvall

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|--|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 2685 Haslett Road | If Debtor 2 lives at a different address: | | | |
| | | Williamston, MI 48895 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Ingham County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
|-----|---|---|-------------|---|--|--|-------------------------------|--|--|--|
| | | ■ Chap | ter 7 | | | | | | | |
| | | ☐ Chap | ter 11 | | | | | | | |
| | | ☐ Chap | ter 12 | | | | | | | |
| | | ☐ Chap | ter 13 | | | | | | | |
| 8. | How you will pay the fee | abo | out how yo | ou may pay. Typica attorney is submitt | Illy, if you are paying the fee yo | with the clerk's office in your local court for rurself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card or | k, or money | | | |
| | | | | | ments. If you choose this optic Official Form 103A). | n, sign and attach the Application for Individu | als to Pay | | | |
| | | ☐ I re | quest the | at my fee be waive | ed (You may request this option | n only if you are filing for Chapter 7. By law, a ur income is less than 150% of the official pov | judge may, verty line that | | | |
| | | app | olies to yo | ur family size and y | ou are unable to pay the fee ir | installments). If you choose this option, you rial Form 103B) and file it with your petition. | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | Relationship to you | | | | |
| | | | District | | When | Case number, if known | | | | |
| | | | Debtor | | | Relationship to you | | | | |
| | | | District | | When | Case number, if known | | | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | | | |
| | | ☐ Yes. | Has y | our landlord obtaine | ed an eviction judgment agains | t you? | | | | |
| | | | | No. Go to line 12. | | | | | | |
| | | | | Yes. Fill out Initia | l Statement About an Eviction 、 | ludgment Against You (Form 101A) and file it | as part of | | | |

Debtor 1 Balicia Gladys Duvall

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| Deb | tor i Balicia Gladys Du | vali | | Case number (if known) | | | | |
|------|---|----------|--|---|--|--|--|--|
| | | | | | | | | |
| Part | 3: Report About Any Bu | sinesses | You Own as a Sole Proprie | etor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | ☐ Yes. Name and location of business | | | | | |
| | A sole proprietorship is a | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | ate & ZIP Code | | | | |
| | it to this petition. | | Check the appropriate b | Check the appropriate box to describe your business: | | | | |
| | | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | ☐ None of the above | ve | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i> | deadline | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | | | | | |
| | For a definition of small | No. | I am not filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code. | | | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | 4: Report if You Own or | Have Any | / Hazardous Property or Ai | ny Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | |
| | | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

Debtor 1 Balicia Gladys Duvall

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 Balicia Gladys Duvall | | | | Case | Case number (if known) | | | |
|--------------------------------|--|-------------------------|---|---|--|-------|--|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | | | y consumer debts? Consumer debts personal, family, or household purpose | s are defined in 11 U.S.C. § 101(8) as "incurred e." | by an | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | | y business debts? Business debts are nvestment or through the operation of | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts yo | ou owe that are not consumer debts or | r business debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | oter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | | 7. Do you estimate that after any exer available to distribute to unsecured c | mpt property is excluded and administrative exporeditors? | enses | | |
| | administrative expenses | | ■ No | | | | | |
| | are paid that funds will be available for | | ☐ Yes | | | | | |
| | distribution to unsecured creditors? | | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | □ 5001-10,000 | □ 50,001-100,000 | | | |
| | owe: | □ 100-19 | 9 | 1 0,001-25,000 | ☐ More than100,000 | | | |
| | | □ 200-99 | 9 | | | | | |
| 19. | How much do you | \$ 0 - \$5 | 0.000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million | on | | | |
| | DO WOTHIT. | | 01 - \$500,000 | □ \$50,000,001 - \$100 milli | | | | |
| | | □ \$500,0 | 01 - \$1 million | □ \$100,000,001 - \$500 mi | illion | | | |
| 20. | How much do you | □ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | \$50,00 | 01 - \$100,000 | □ \$10,000,001 - \$50 million | on \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 | □ \$50,000,001 - \$100 milli | | 1 | | |
| | | \$500,0 | 01 - \$1 million | □ \$100,000,001 - \$500 mi | illion | | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have exa | mined this petition, and I | declare under penalty of perjury that t | the information provided is true and correct. | | | |
| | | | | | f eligible, under Chapter 7, 11,12, or 13 of title 1, and I choose to proceed under Chapter 7. | 1, | | |
| | | | ney represents me and I d I have obtained and read | who is not an attorney to help me fill out this 42(b). | | | | |
| | | I request r | elief in accordance with the | ne chapter of title 11, United States Co | ode, specified in this petition. | | | |
| | | bankruptcy and 3571. | y case can result in fines | | money or property by fraud in connection with a up to 20 years, or both. 18 U.S.C. §§ 152, 1341, | | | |
| | | | a Gladys Duvall Bladys Duvall | Signature | of Debtor 2 | — | | |
| | | | of Debtor 1 | - J | | | | |
| | | Executed | on May 23, 2018 | Executed of | | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | | |
| | | | | | | | | |

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| Debtor 1 Balicia Gladys Duvall | Case number (ii | f known) |
|--------------------------------|-----------------|----------|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Scott Marshall Neuman | Date | May 23, 2018 |
|--|---------------|------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Scott Marshall Neuman P-47863 | | |
| Printed name | | |
| Scott Marshall Neuman, P.C. | | |
| Firm name | | |
| 2196 Commons Parkway | | |
| Okemos, MI 48864 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 517-349-2700 | Email address | xneumanx@aol.com |
| P-47863 MI | | |
| Bar number & State | | - |

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United States Bankruptcy Court Western District of Michigan

| In re | Balicia Gladys Duvall | Debtor(s) | Case No. Chapter | 7 |
|-------|-----------------------|------------------|---------------------|---|
| | | | | |
| | VERIFICAT | TION OF CREDITOR | MATRIX | |

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

| ate: N | May 23, 2018 | /s/ Balicia Gladys Duvall | |
|--------|--------------|--------------------------------|--|
| | | Balicia Gladys Duvall | |
| | | Signature of Debtor | |
| ate: N | May 23, 2018 | /s/ Scott Marshall Neuman | |
| | | Signature of Attorney | |
| | | Scott Marshall Neuman P-47863 | |
| | | Scott Marshall Neuman, P.C. | |
| | | 2196 Commons Parkway | |
| | | Okemos, MI 48864 | |
| | | 517-349-2700 Fax: 517-349-2716 | |

55TH DISTRICT COURT 700 BUHL AVE. MASON MI 48854

ALLIANCEONE RECEIVABLES MGMT P.O. BOX 3111 SOUTHEASTERN PA 19398

ALLIED INTERSTATE INC. P.O. BOX 361445 COLUMBUS OH 43236

AMERICAN EXPRESS P.O. BOX 981537 EL PASO TX 79998

AQUA FINANCE INC. 1 CORPORATE DR WAUSAU WI 54401

ARS NATIONAL SERVICES INC. P.O. BOX 469046 ESCONDIDO CA 92046

AT&T MOBILITY P.O. BOX 6416 CAROL STREAM IL 60197

BARCLAYS BANK DELAWARE P.O. BOX 8803 WILMINGTON DE 19899

BUCKLES & BUCKLES, P.L.C. ATTORNEYS AT LAW P.O. BOX 1150 BIRMINGHAM MI 48012

CAPITAL ONE 15000 CAPITAL ONE DR. RICHMOND VA 23238

CAPITAL ONE BANK P.O. BOX 6492 CAROL STREAM IL 60197 CHASE CARD P.O. BOX 15298 WILMINGTON DE 19850

CITI CARDS P.O. BOX 9001016 LOUISVILLE KY 40290

DISCOVER FINANCIAL SERVICES P.O. BOX 15316 WILMINGTON DE 19850

DR. GREIN-ELAN DENTAL GROUP 1500 ABBOTT RD. SUITE 120 EAST LANSING MI 48823

FRONTIER COMMUNICATION P.O. BOX 740407 CINCINNATI OH 45274

JIMMERSON ROOFING 13199 BLAISDELL DEWITT MI 48820

LAKE TRUST CREDIT UNION 4605 S. OLD US HIGHWAY 23 BRIGHTON MI 48114

MICHIGAN ATHLETIC CLUB 2900 HANNAH BLVD. EAST LANSING MI 48823

MIDLAND CREDIT MANAGEMENT 2365 NORTHSIDE DR. SUITE 300 SAN DIEGO CA 92108

MIDLAND FUNDING P.O. BOX 2001 WARREN MI 48090

MOHELA/DEPT OF EDUCATION 633 SPIRIT DRIVE CHESTERFIELD MO 63005

NCB MANAGEMENT SERVICES INC. P.O. BOX 1099 LANGHORNE PA 19047

NORTHSTAR LOCATION SERVICES 4285 GENESEE ST. CHEEKTOWAGA NY 14225

PORTFOLIO RECOVERY ASSOCIATES P.O. BOX 12914 NORFOLK VA 23541

SUBURBAN PROPANE P.O. BOX J WHIPPANY NJ 07981

SYNCB/CARE CREDIT 950 FORRER BLVD. KETTERING OH 45420

THE CBE GROUP INC. P.O. BOX 2545 WATERLOO IA 50704

THE HOME DEPOT / CBNA P.O. BOX 6497 SIOUX FALLS SD 57117

UNITED COLLECTION BUREAU, INC. P.O. BOX 140310 TOLEDO OH 43614

US BANK
P.O. BOX 790084
SAINT LOUIS MO 63179

USA TODAY
NATIONAL CUSTOMER SERVICE
P.O. BOX 10444
MCLEAN VA 22102

WILLIAMSTON ANIMAL CLINIC 1470 E. GRAND RIVER RD. WILLIAMSTON MI 48895

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| | | Case | 5.10-02370- | Svvu | DUC #.1 | 1 11 C u. 03/23/10 | rage 12 or | 49 | |
|---------------------|---|---|---|---------------------------|--|---|-----------------------|------------|--|
| Fill in | this informati | ion to identify | your case and t | his filin | g: | | | | |
| Debto | r 1 | Balicia Glad | lys Duvall | | | | | | |
| 5.1. | | First Name | Midd | le Name | | Last Name | | | |
| Debto (Spouse | _ | First Name | Midd | le Name | | Last Name | | | |
| United | l States Bankru | uptcy Court for | r the: WESTERI | N DISTR | RICT OF MICH | IGAN | | | |
| 0 | | | | | | | | _ | |
| Case | number | | | | | _ | | | I Check if this is an amended filing |
| ∩ffi | cial Form | 106A/F | 2 | | | | | | |
| | | | z roperty | | | | | | 12/15 |
| think it informa | fits best. Be as ation. If more sp every question | s complete and pace is needed, n. | accurate as possik attach a separate s | ole. If two sheet to t | married people this form. On the | an asset fits in more than on e are filing together, both are e top of any additional page vn or Have an Interest In | equally responsible | e for supp | lying correct |
| . Do y | ou own or have | any legal or ed | quitable interest in | any resid | dence, building, | land, or similar property? | | | |
| □N | o. Go to Part 2. | | | | | | | | |
| Y | es. Where is the | e property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | 000 Heelett | Dand | | Wha | t is the property | ? Check all that apply | | | |
| | 2685 Haslett street address, if ava | | scription | . • | Single-family h | | | | s or exemptions. Put laims on Schedule D: |
| | , | , | | | | or cooperative | | | Secured by Property. |
| | | | | | Manufactured | or mobile home | Current value of | the (| Current value of the |
| _ | Villiamston | MI | 48895-0000 | | | | entire property? | p | oortion you own? |
| C | ity | State | ZIP Code | | | operty | \$33,73 | 3.33 | \$33,733.33 |
| | | | | | | | | | r ownership interest by by the entireties, or |
| | | | | Who | has an interest | t in the property? Check one | a life estate), if ki | | y by the entiredee, e. |
| ı | ngham | | | | | | | | |
| C | County | | | | Debtor 1 and I | Debtor 2 only | ■ Check if this | is commi | inity property |
| | | | | | At least one of | f the debtors and another | (see instruction | | mity property |
| | | | | | er information ye erty identificati | ou wish to add about this ite on number: | em, such as local | | |
| | | | | a lif | e estate in the rest in prop | ned by Alice A. Duvall he property. Then del erty. Property is value r \$36, 667.00 | otor's beneficiar | ies will | receive a 1/3 |
| 2 - | 1-1-4b-c -1-11 | value = 6.0 | | | | Inom Dout 4 Secol 15 | a amánda - C- | | |
| | | | | | | rom Part 1, including an | | | \$33,733.33 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debtor 1 | Balicia Gladys Duvall | | Case number (if known) | |
|--|---|--|------------------------|--|
| 3. Cars, vans | , trucks, tractors, sport utility ve | ehicles, motorcycles | | |
| □ No | | | | |
| ■ Yes | | | | |
| | | | | |
| 3.1 Make: | Saturn | Who has an interest in the property? Check one | | claims or exemptions. Put ired claims on Schedule D: |
| Model: | lon | Debtor 1 only | | laims Secured by Property. |
| Year: | 2006 | Debtor 2 only | Current value of the | Current value of the |
| | mate mileage: 140,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other in | iformation: | ☐ At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$3,000.00 | \$3,000.00 |
| pages you Part 3: Descr Do you own 6. Household | I have attached for Part 2. Write ibe Your Personal and Household I or have any legal or equitable in I goods and furnishings | nterest in any of the following items? | | \$3,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: ☐ No ■ Yes. De | Major appliances, furniture, linensesscribe | s, china, kitchenware | | \$100.00 |
| | | | I | · · |
| | ata ata | | | \$75.00 |
| | chair | | | \$75.00 |
| | | | | |
| | tables | | | \$100.00 |
| | table and chair | rs | | \$50.00 |
| | | | | |
| | stove | | | \$100.00 |
| | 3.070 | | | Ψ.σσισσ |
| | | | | * |
| | refrigerator | | | \$100.00 |
| | | | | |
| | microwave | | | \$25.00 |
| | <u> </u> | | | |
| | small appliance | 05 | | \$50.00 |
| | Siliali applianci | | | φ50.00 |
| | | | | |
| | pots, pans, dis | hes and flatware | | \$25.00 |

Official Form 106A/B

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| Debtor 1 | Balicia Glad | ys Duvall | Case number | er (if known) |
|--------------|---|---|--|--|
| | | washer | | \$100.00 |
| | | Washer | | |
| | | dryer | | \$50.00 |
| | | | | |
| | | bed | | \$100.00 |
| | | | | |
| | | dressers | | \$75.00 |
| | | nightstand | | \$10.00 |
| | | | | |
| | | desk | | \$25.00 |
| | | | | |
| | | lawn equipment | | \$200.00 |
| | | | | |
| | | patio furniture | | \$10.00 |
| | | house tools | | \$50.00 |
| | | liouse tools | | |
| | | computer | | \$100.00 |
| | | tvs | | \$200.00 |
| | | 143 | | |
| Example ■ No | | figurines; paintings, prints, or other artwork; bons, memorabilia, collectibles | pooks, pictures, or other art objects; | stamp, coin, or baseball card collections; |
| | nent for sports and sports and sports, photo musical instru | graphic, exercise, and other hobby equipmer | t; bicycles, pool tables, golf clubs, sl | kis; canoes and kayaks; carpentry tools; |
| | Describe | | | |
| | | bicycle | | \$10.00 |
| | | | | |
|). Firearı | | s, shotguns, ammunition, and related equipme | ent | |
| ■ No | p.30. 1 131010, 111101 | , ogano, ammanaon, ana roiatoa oquipini | | |
| ☐ Yes. | Describe | | | |
| l. Clothe | | othos fure loothor costs designer was she | os accessorios | |
| □ No | pies. ⊏veryday ci | othes, furs, leather coats, designer wear, sho | es, accessories | |
| Yes. | Describe | | | |

Official Form 106A/B Schedule A/B: Property page 3

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| Debtor 1 | Balicia Glady | s Duvall | Case number (if | known) |
|------------------------------------|---|--|--|---|
| | | clothes | | \$100.00 |
| ■ No □ Yes. | pples: Everyday jewo . Describe arm animals | | ement rings, wedding rings, heirloom jewelry, watches, g | gems, gold, silver |
| □ No | pples: Dogs, cats, bi | ras, norses | | |
| ■ Yes. | Describe | cats | | \$100.00 |
| ■ No □ Yes. | . Give specific infor | mation f all of your entries from Pa | ot already list, including any health aids you did not rt 3, including any entries for pages you have attach | |
| | escribe Your Financi wn or have any leg | al Assets gal or equitable interest in a | iny of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No □ Yes. 17. Depos | sits of money | | | |
| Exam □ No | , , | 3 / | Ints; certificates of deposit; shares in credit unions, brok with the same institution, list each. | erage houses, and other similar |
| | | | Institution name: | |
| | | checking and 17.1. savings | Lake Trust CU | \$5.28 |
| | | r publicly traded stocks nvestment accounts with brok | erage firms, money market accounts | |
| | | Institution or issuer na | ame: | |
| joint v ■ No | venture | · | ated and unincorporated businesses, including an | interest in an LLC, partnership, and |
| ☐ Yes. | . Give specific infor | mation about them Name of entity: | % of ownership | : |
| Nego | <i>tiable instrument</i> s ir | nclude personal checks, cash | able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. | |
| | . Give specific infor | mation about them Issuer name: | | |

Official Form 106A/B Schedule A/B: Property page 4

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| De | ebtor 1 | Balicia Gladys I | Duvall | Case num | nber (if known) | |
|-----|--|---|--|--|---|--|
| 21. | | nent or pension acc les: Interests in IRA, | | , thrift savings accounts, or other pension or | profit-sharing plans | |
| | ☐ Yes. l | ist each account se. T | eparately. Type of account: | Institution name: | | |
| 22. | Your sh | | eposits you have made so that | you may continue service or use from a comp c utilities (electric, gas, water), telecommunica | | |
| | ☐ Yes | | | | | |
| 23. | Annuiti | es (A contract for a p | periodic payment of money to | vou, either for life or for a number of years) | | |
| | ☐ Yes | Issuer | r name and description. | | | |
| 24. | 4. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No | | | | | |
| | ☐ Yes | Institu | ition name and description. Se | parately file the records of any interests.11 U. | S.C. § 521(c): | |
| | ■ No | equitable or future Give specific informa | | than anything listed in line 1), and rights o | r powers exercisable for your benefit | |
| | | · | emarks, trade secrets, and ot | ner intellectual property | | |
| | Examp ■ No | les: Internet domain | names, websites, proceeds from | m royalties and licensing agreements | | |
| | | Give specific information | | | | |
| | Examp. ■ No | les: Building permits | | ve association holdings, liquor licenses, profe | essional licenses | |
| | | Give specific informa | | | | |
| M | oney or p | property owed to yo | ou? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 28. | Tax refu | unds owed to you | | | | |
| | | Give specific informa | ation about them, including who | ether you already filed the returns and the tax | years | |
| 29. | Family : Examp | | p sum alimony, spousal suppo | rt, child support, maintenance, divorce settler | nent, property settlement | |
| | | Give specific informa | ation | | | |
| 30. | Examp | | | disability benefits, sick pay, vacation pay, wo | orkers' compensation, Social Security | |
| | ■ No □ Yes. | Give specific informa | ation | | | |
| 31. | | es in insurance poli les: Health, disability | | ngs account (HSA); credit, homeowner's, or re | enter's insurance | |
| | _ | Name the insurance | company of each policy and li Company name: | st its value. Beneficiary: | Surrender or refund | |

Official Form 106A/B Schedule A/B: Property page 5

value:

| Deb | tor 1 | Balicia Gladys Duvall | | Case number (if known) | |
|--------------|-----------------|---|----------------------------|-------------------------------|------------------------|
| • | If you a someon | erest in property that is due you from someone who has re the beneficiary of a living trust, expect proceeds from a lift ne has died. | | are currently entitled to rec | eive property because |
| L | J Yes. | Give specific information | | | |
| _ | | against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or ri | | and for payment | |
| | Yes. | Describe each claim | | | |
| 34. (| Other c | ontingent and unliquidated claims of every nature, inclu | ding counterclaims of | of the debtor and rights to | set off claims |
| _ | No Yes. | Describe each claim | | | |
| 35. | Any fin | ancial assets you did not already list | | | |
| | ■ No □ Yes. | Give specific information | | | |
| 36. | | ne dollar value of all of your entries from Part 4, includin rt 4. Write that number here | | | \$5.28 |
| Part | 5: Des | cribe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ite in Part 1. | |
| _ | No. Go | wn or have any legal or equitable interest in any business-relate to Part 6. o to line 38. | ed property? | | |
| Part | | cribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. I | _ ` | own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | _ | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | Examp | have other property of any kind you did not already list les: Season tickets, country club membership | ? | | |
| _ | No Yes. | Give specific information | | | |
| 54. | Add tl | ne dollar value of all of your entries from Part 7. Write the | at number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$33,733.33 |
| 56. | | : Total vehicles, line 5 | \$3,000.00 | | |
| 57. | | : Total personal and household items, line 15 | \$1,755.00 | | |
| 58. | | : Total financial assets, line 36 | \$5.28 | | |
| 59. | | : Total business-related property, line 45 | \$0.00 | | |
| 60. | | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$4,760.28 | Copy personal property t | otal \$4,760.28 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$38,493.61 |

Official Form 106A/B Schedule A/B: Property page 6

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| Ħ | II in this information to identify your ca | ase: | | | 1 |
|---|--|--|---|---|--|
| | | | | | |
| De | Balicia Gladys Duv First Name | Middle Name | L | ast Name | |
| | ebtor 2 | Middle News | | (N | |
| ` ' | pouse if, filing) First Name | Middle Name | | ast Name | |
| Ur | nited States Bankruptcy Court for the: | WESTERN DISTRICT OF M | IICHIC | GAN | |
| | ase number | | | | Check if this is an amended filing |
| | fficial Form 106C chedule C: The Pro | perty You Cla | im | as Exempt | 4/16 |
| the need cas For spe any fun exe | as complete and accurate as possible. If property you listed on <i>Schedule A/B: Proeded</i> , fill out and attach to this page as more number (if known). The each item of property you claim as exectific dollar amount as exempt. Alternaty applicable statutory limit. Some exempts—may be unlimited in dollar amount as the applicable statutory amount. | operty (Official Form 106A/B) any copies of Part 2: Addition when the second with the second w | as you nal Pa e amo ull fai healt exen | our source, list the property that you ige as necessary. On the top of any ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain be inption of 100% of fair market value. | claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of lenefits, and tax-exempt retirement the under a law that limits the |
| Pa | Identify the Property You Clair | n as Exempt | | | |
| 1. | Which set of exemptions are you cla | iming? Check one only, even | n if yo | ur spouse is filing with you. | |
| | ■ You are claiming state and federal n | onbankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions | s. 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedul | le A/B that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line | | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Schedule A/B that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 2685 Haslett Road Williamston, M | MI \$33,733.33 | | \$33,733.33 | Mich. Comp. Laws § |
| | 48895 Ingham County property is owned by Alice A. Du Revocable Living Trust. Debtor a life estate in the property. The debtor's beneficiaries will receiv 1/3 interest in property. Property valued at \$10 Line from Schedule A/B: 1.1 | has n e a | | 100% of fair market value, up to any applicable statutory limit | 600.5451(1)(m) |
| | 2006 Saturn Ion 140,000 miles Line from Schedule A/B: 3.1 | \$3,000.00 | | \$544.00 | Mich. Comp. Laws § 600.5451(1)(g) |
| | Line Holli Solledule AVD. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0 4 0 1(1)(g) |
| | couch Line from Schedule A/B: 6.1 | \$100.00 | | \$100.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Line Holli Schledule PVD. V. I | | | 100% of fair market value, up to any applicable statutory limit | 330.373 i(1)(6) |
| | chair | \$75.00 | | \$75.00 | Mich. Comp. Laws § |

\$75.00

\$75.00

100% of fair market value, up to any applicable statutory limit

600.5451(1)(c)

Line from Schedule A/B: 6.2

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| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim | Specific laws that allow exemption |
|--|--|--------|---|--------------------------------------|
| tables Line from Schedule A/B: 6.3 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| table and chairs Line from Schedule A/B: 6.4 | \$50.00 | ■ □ | \$50.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| stove Line from Schedule A/B: 6.5 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| refrigerator Line from Schedule A/B: 6.6 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| microwave Line from Schedule A/B: 6.7 | \$25.00 | | \$25.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| small appliances Line from Schedule A/B: 6.8 | \$50.00 | | \$50.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| pots, pans, dishes and flatware Line from Schedule A/B: 6.9 | \$25.00 | | \$25.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| washer Line from Schedule A/B: 6.10 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| dryer Line from Schedule A/B: 6.11 | \$50.00 | | \$50.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| bed Line from Schedule A/B: 6.12 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| dressers Line from Schedule A/B: 6.13 | \$75.00 | ■ □ | \$75.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |
| nightstand Line from <i>Schedule A/B</i> : 6.14 | \$10.00 | ■ | \$10.00 100% of fair market value, up to any applicable statutory limit | Mich. Comp. Laws § 600.5451(1)(c) |

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| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|---|--------------------------------------|-----------------------------------|---|--|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | desk Line from Schedule A/B: 6.15 | \$25.00 | | \$25.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Line IIIIII Schedule AVD. V.13 | | | 100% of fair market value, up to any applicable statutory limit | 000.0401(1)(0) |
| | lawn equipment Line from Schedule A/B: 6.16 | \$200.00 | | \$200.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Zino nom osmodalo 702. Gito | | | 100% of fair market value, up to any applicable statutory limit | |
| | patio furniture Line from Schedule A/B: 6.17 | \$10.00 | | \$10.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Ellie Holli ochledate AVB. G.11 | | | 100% of fair market value, up to any applicable statutory limit | 000.0-10 1(1)(0) |
| | house tools Line from Schedule A/B: 6.18 | \$50.00 | | \$50.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Zino nom osmodalo 702. Grio | | | 100% of fair market value, up to any applicable statutory limit | |
| | computer Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | Mich. Comp. Laws § 600.5451(1)(h) |
| | Ellie Holli osiliodale 7V2. TT | | | 100% of fair market value, up to any applicable statutory limit | |
| | tvs Line from Schedule A/B: 7.2 | \$200.00 | | \$200.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Elle Holli Genedale 74B. Tiz | | | 100% of fair market value, up to any applicable statutory limit | 000.0-10 1(1)(0) |
| | bicycle Line from Schedule A/B: 9.1 | \$10.00 | | \$10.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Ellie Holli ochledate AVB. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0-10 1(1)(0) |
| | clothes Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | Mich. Comp. Laws § 600.5451(1)(a)(iii) |
| | Zino nom ostrodato sv Zi i i i | | | 100% of fair market value, up to any applicable statutory limit | , |
| | cats Line from Schedule A/B: 13.1 | \$100.00 | | \$100.00 | Mich. Comp. Laws § 600.5451(1)(e) |
| | Line nom osmodale 702. 1611 | | | 100% of fair market value, up to any applicable statutory limit | 000.0-10 1(1)(0) |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every Silvanov No Yes. Did you acquire the property covered No Yes | 3 years after that for ca | ises fil | , | , |

| | Case.16 | 5-02370-SWU DUC#.1 | Fileu. U | 5/23/18 Paye | 21 01 49 | |
|--------------------------------------|--------------------------------|--|----------------|---|--|-----------------------------------|
| Fill in this informati | on to identify you | ır case: | | | | |
| Debtor 1 | Balicia Gladys I | Duvall | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankru | uptcy Court for the: | WESTERN DISTRICT OF MICH | IGAN | | | |
| Case number (if known) | | | | | _ | if this is an ded filing |
| Official Form 1 | 06D | | | | | |
| Schedule D | Creditors | Who Have Claims S | ecure | d by Propert | y | 12/15 |
| | | If two married people are filing together out, number the entries, and attach it to | | | | |
| 1. Do any creditors hav | e claims secured by | y your property? | | | | |
| ☐ No. Check this | s box and submit tl | his form to the court with your other s | chedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all | of the information | below. | | | | |
| Part 1: List All Se | ecured Claims | | | | | |
| for each claim. If more | than one creditor has | more than one secured claim, list the credi s a particular claim, list the other creditors i cal order according to the creditor's name. | in Part 2. As | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Lake Trust C | redit Union | Describe the property that secures the | e claim: | \$2,456.00 | \$3,000.00 | \$0.00 |
| Creditor's Name | JS Highway | 2006 Saturn Ion 140,000 miles | | | | |
| 23 Brighton, MI | | As of the date you file, the claim is: Chapply. Contingent | heck all that | | | |
| Number, Street, City | , State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? | Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | ☐ An agreement you made (such as mo car loan) | ortgage or sec | cured | | |
| Debtor 1 and Debtor | r 2 only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| ☐ At least one of the d | ebtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim community debt | relates to a | ☐ Other (including a right to offset) | | | | |
| | Opened 08/15 Last Active | | | | | |
| Date debt was incurre | d <u>1/16/18</u> | Last 4 digits of account number | er 8130 | | | |
| | | | | | | |
| | = | olumn A on this page. Write that number | er here: | \$2,45 | | |
| Write that number he | | the dollar value totals from all pages. | | \$2,45 | 66.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this information to identify your case: Debtor 1 Balicia Gladys Duvall | |
|--|--|
| Dobtor 1 Palicia Cladus Duvell | |
| Depici Dalicia Giadys Duvaii | |
| First Name Middle Name Last Name | |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN | |
| | k if this is an ided filing |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims | 12/15 |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official For Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional name and case number (if known). | orm 106A/B) and on are listed in in the boxes on the |
| Part 1: List All of Your PRIORITY Unsecured Claims | |
| Do any creditors have priority unsecured claims against you? — | |
| No. Go to Part 2. | |
| ☐ Yes. | |
| | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? | |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont | d in Part 1. If more |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont Part 2. | d in Part 1. If more tinuation Page of |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont Part 2. | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. ☐ Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont Part 2. Tot 4.1 American Express Last 4 digits of account number 2623 | d in Part 1. If more tinuation Page of |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont Part 2. | d in Part 1. If more tinuation Page of tal claim |
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| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of Part 2. American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 When was the debt incurred? Opened 04/13 Last Active 6/17/16 | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor holds ack claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor has more than one unsecured claim. If a creditor | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor holds aparticular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of the creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. When was the debt incurred? As of the date you file, the claim is: Check all that apply | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content of Part 2. American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Contingent | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Contingent American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Debtor 2 only Last 4 digits of account number As of the date you file, the claim is: Check all that apply Unliquidated | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Content 2. Total American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Contract. Total American Express Nonpriority Creditor's Name P.O. Box 981537 EI Paso, TX 79998 Number Street City State Zlp Code When was the debt incurred? When was the debt incurred? Opened 04/13 Last Active 6/17/16 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not | d in Part 1. If more tinuation Page of tal claim |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Content 2. American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zlp Code When was the debt incurred? When was the debt incurred? Opened 04/13 Last Active 6/17/16 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Type of NONPRIORITY unsecured claim: Student loans | d in Part 1. If more tinuation Page of tal claim |

| Debtor | 1 Balicia Gladys Duvall | Case number (if know) | | | | | |
|--------|--|---|--|------------|--|--|--|
| 4.2 | Aqua Finance Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 7067 | \$3,872.00 | | | |
| | 1 Corporate Dr Wausau, WI 54401 | When was the debt incurred? | Opened 06/16 Last Active 4/02/18 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit card | purchases | | | | |
| 4.3 | AT&T Mobility Nonpriority Creditor's Name | Last 4 digits of account number | 7593 | \$203.00 | | | |
| | P.O. Box 6416 Carol Stream, IL 60197 | When was the debt incurred? | 2018 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharin | | | | | |
| | Yes | Other. Specify Cell | | | | | |
| 4.4 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 8041 | \$4,828.00 | | | |
| | P.O. Box 8803 Wilmington, DE 19899 | When was the debt incurred? | Opened 08/13 Last Active 6/02/17 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | and the state of t | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | Other Specify Credit card | purchases | | | | |

| Debtor | 1 Balicia Gladys Duvall | | | | | | | |
|--------|---|---|---|------------|--|--|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 8765 | \$635.00 | | | | |
| | Nonpriority Creditor's Name 15000 Capital One Dr. Richmond, VA 23238 | When was the debt incurred? | Opened 01/07 Last Active 6/28/17 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | |
| | No | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | | | | | |
| | □ Yes | Other. Specify Credit card | • • | | | | | |
| 4.6 | Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 1188 | \$1,804.00 | | | | |
| | P.O. Box 6492 Carol Stream, IL 60197 | When was the debt incurred? | 2018 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | · | | | | | |
| | At least one of the debtors and another | <u></u> ' | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | | |
| | □ Yes | | | | | | | |
| | ☐ Yes | Other. Specify Credit card | purchases | | | | | |
| 4.7 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 5336 | \$2,245.00 | | | | |
| | P.O. Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 07/12 Last Active 6/18/17 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | , | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | □Yes | ■ Other Specify Credit card | purchases | | | | | |

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| Debtor | 1 Balicia Gladys Duvall | | Case number (if know) | | | |
|----------|--|---|--|------------|--|--|
| 4.8 | Citi Cards | Last 4 digits of account number | 6761 | \$2,414.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9001016 | When was the debt incurred? | 2017 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit card | purchases | | | |
| 4.9 | Discover Financial Services | Last 4 digits of account number | 2009 | \$4,057.00 | | |
| <u> </u> | Nonpriority Creditor's Name | _ | | | | |
| | P.O. Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 06/13 Last Active 3/31/17 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit card | Other. Specify Credit card purchases | | | |
| 4.1 | Dr. Grein-Elan Dental Group | Last 4 digits of account number | 1091 | \$72.00 | | |
| <u> </u> | Nonpriority Creditor's Name 1500 Abbott Rd. | When was the debt incurred? | 2017 | | | |
| | Suite 120 East Lansing, MI 48823 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐Yes | Other. Specify Medical | | | | |

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| Debtor | 1 Balicia Gladys Duvall | Case number (if know) | |
|--------|--|--|-----------------|
| 4.1 | Frontier Communication | | \$230.00 |
| 1 | Nonpriority Creditor's Name | Last 4 digits of account number | φ230.00 |
| | P.O. Box 740407 | When was the debt incurred? 2018 | |
| | Cincinnati, OH 45274 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <u>_</u> | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Telephone & Internet | |
| 4.1 | | | \$700.00 |
| 2 | Jimmerson Roofing Nonpriority Creditor's Name | Last 4 digits of account number | \$700.00 |
| | 13199 Blaisdell DeWitt, MI 48820 | When was the debt incurred? 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify General | |
| 4.1 | Michigan Athletic Club | Last 4 digits of account number 5832 | \$451.00 |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ-101.00 |
| | 2900 Hannah Blvd. | When was the debt incurred? 2018 | |
| | East Lansing, MI 48823 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | - | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Health Club | |
| | □ 162 | Uther. Specify | |

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| Debtor | Balicia Gladys Duvall | Case number (if know) | | | | | | |
|----------|--|---|--|-------------|--|--|--|--|
| 4.1 | Mohela/Dept of Education | Last 4 digits of account number | 0002 | \$17,515.00 | | | | |
| | Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005 | When was the debt incurred? | Opened 09/05 Last Active 3/28/16 | | | | | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | | |
| | | Student Lo | an | | | | | |
| 4.1 5 | Suburban Propane Nonpriority Creditor's Name | Last 4 digits of account number | 8627 | \$131.00 | | | | |
| | P.O. Box J Whippany, NJ 07981 | When was the debt incurred? | 2018 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify General | | | | | | |
| 4.1 6 | SYNCB/Care Credit | Last 4 digits of account number | 7426 | \$4,055.00 | | | | |
| | Nonpriority Creditor's Name 950 Forrer Blvd. | When was the debt incurred? | Opened 07/12 Last Active 9/03/17 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | 3 | | | | | |
| | ■ No | Debts to pension or profit-sharing | • | | | | | |
| | ☐ Yes | ■ Other. Specify Credit card | purchases | | | | | |

| Debto | or 1 Balicia Gladys Duvall | | Case number (if know) | | | | | |
|-------|--|--|---|------------|--|--|--|--|
| .1 | The Home Depot / CBNA Nonpriority Creditor's Name | Last 4 digits of account number | 7846 | \$497.00 | | | | |
| | P.O. Box 6497 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 11/12 Last Active 8/13/17 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit card | purchases | | | | | |
| 1 | US Bank | Last 4 digits of account number | 3395 | \$4,266.00 | | | | |
| | Nonpriority Creditor's Name P.O. Box 790084 | When was the debt incurred? | Opened 05/14 Last Active 6/05/17 | | | | | |
| | Saint Louis, MO 63179 Number Street City State ZIp Code | | in Charle all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан tnat apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | □Yes | Other. Specify Credit card | | | | | | |
| 1 | USA Today | Last 4 digits of account number | 5891 | \$44.00 | | | | |
| | Nonpriority Creditor's Name National Customer Service P.O. Box 10444 | When was the debt incurred? | 2018 | | | | | |
| | McLean, VA 22102 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes | ■ Other Specify Subscription | on | | | | | |
| | _ 100 | - Other, Specify | ••• | | | | | |

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| Debt | or 1 Balicia Gladys Duvall | | Case number (if know) | |
|----------|--|--|---|-----------------------------|
| 4.2 0 | Williamston Animal Clinic | Last 4 digits of account number | 3699 | \$80.00 |
| | Nonpriority Creditor's Name 1470 E. Grand river Rd. Williamston, MI 48895 | When was the debt incurred? | 2018 | _ |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did no | t |
| | No | Debts to pension or profit-shari | ing plans, and other similar debts | |
| | Yes | Other. Specify Vet | | |
| Part | 3: List Others to Be Notified About a De | ebt That You Already Listed | | |
| is t | e this page only if you have others to be notified rying to collect from you for a debt you owe to s we more than one creditor for any of the debts th ified for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection age | ncy here. Similarly, if you |
| | e and Address | On which entry in Part 1 or Part 2 did you | | |
| | n District Court Buhl Ave. | | Part 1: Creditors with Priority Unsecured C | |
| | on, MI 48854 | • | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| | , | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | |
| Allia | anceone Receivables Mgmt | | \beth Part 1: Creditors with Priority Unsecured C | Claims |
| _ | . Box 3111 | | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| Sou | theastern, PA 19398 | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | ed Interstate Inc. | Line 4.16 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured C | Claims |
| _ | . Box 361445 | ı | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| Con | umbus, OH 43236 | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | |
| | S National Services Inc. | , | ☐ Part 1: Creditors with Priority Unsecured C | Claims |
| | . Box 469046 | | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| ESC | ondido, CA 92046 | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | |
| Buc | kles & Buckles, P.L.C. | · · · · · · · · · · · · · · · · · · · | \square Part 1: Creditors with Priority Unsecured 0 | Claims |
| | rneys at Law | | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| _ | . Box 1150 | | . , | |
| DIIII | ningham, MI 48012 | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | and Credit Management | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured C | Claims |
| | 5 Northside Dr. | ı | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| | e 300 Diego, CA 92108 | | | |
| | | Last 4 digits of account number | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | land Funding | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured C | laims |
| | . Box 2001 ren, MI 48090 | | Part 2: Creditors with Nonpriority Unsecure | ed Claims |
| TTAI | 1011, 1111 10000 | Last 4 digits of account number | | |

Official Form 106 E/F

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| Debtor 1 Balicia Gladys Duvall | | Case number (if know) | | | |
|---|--|---|--|--|--|
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? | | | |
| NCB Management Services Inc. | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 1099 Langhorne, PA 19047 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Langilome, FA 13047 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? | | | |
| Northstar Location Services | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 4285 Genesee St. Cheektowaga, NY 14225 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| oneckiowaga, Wi 14225 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Portfolio Recovery Associates | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 12914 Norfolk, VA 23541 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| 1401101K, VA 20041 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? | | | |
| The CBE Group Inc. | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 2545 Waterloo, IA 50704 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Water100, IA 30704 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? | | | |
| United Collection Bureau, Inc. | Line 4.17 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 140310 Toledo, OH 43614 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 17,515.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 32,603.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 50,118.00 |

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| Fill in this infor | rmation to identify your | case: | | |
|--|--------------------------|--------------------|-------------|--|
| Debtor 1 | Balicia Gladys Dı | uvall | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the | | WESTERN DISTRICT (| OF MICHIGAN | |
| Case number | | | | |
| (II KIIOWII) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | Ca30:10 | 02010 SWa Doc | 7 // . I 1 1100. 00/2 | -0/10 1 age 02 | 01 40 |
|---------------------------|--------------------------------|--|---|--|--|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Balicia Gladys D | uvall | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | WESTERN DISTRICT (| OF MICHIGAN | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| | dule H: Your Cod | ebtors | | | 12/15 |
| ■ No □ Ye 2. Wift Arizon | | J lived in a community pr , Nevada, New Mexico, Pu | operty state or territor erto Rico, Texas, Washi | y? (Community property | states and territories include |
| in line Form | e 2 again as a codebtor only | if that person is a guaran I Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed the 6G). Use Schedule D, S | with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill ditor to whom you owe the debt sthat apply: |
| 3.1 | Name | | | ☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line☐ Schedule G, line☐ Schedule G | ne |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐ | ne |
| | Number Street City | State | ZIP Code | | |

| Fil | I in this information to identify your c | ase: | | | | | | | | | |
|------------|---|---------------------|-----------------------|-------------|-------|-------------|----------------|----------|---------|---------------------|----------|
| De | ebtor 1 Balicia Glad | ys Duvall | | | _ | | | | | | |
| 1 - | ebtor 2 pouse, if filing) | | | | _ | | | | | | |
| Un | nited States Bankruptcy Court for the | : WESTERN DISTRIC | Γ OF MICHIGAN | | _ | | | | | | |
| | ase number | | - | | | | if this is | | | | |
| (If K | known) | | | | | | amende | U | | postpetition | chantar |
| | | | | | | | | | | owing date: | |
| 0 | Official Form 106I | | | | | MI | M / DD/ \ | YYYY | | | |
| S | chedule I: Your Inc | ome | | | | | | | | | 12/15 |
| atta Pa | buse. If you are separated and you ach a separate sheet to this form. The describe Employment Still in your amployment | | | | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or no | n-filir | ng spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ☐ Employed | | | | ■ Empl | oyed | | | |
| | information about additional employers. | | ■ Not employed | t employed | | | ☐ Not employed | | | | |
| | | Occupation | | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | | | | | | | |
| spo | timate monthly income as of the douse unless you are separated. | | - | | | | | | | | |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the informatio | n for all e | emplo | oyers for t | hat perso | on on th | ne line | es below. If y | you need |
| | | | | | | For Deb | tor 1 | | | or 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | | 0.00 | |

| Debt | or 1 | Balicia Gladys Duvall | _ | Case | number (<i>if known</i>) | | | | |
|------|-------------------------|--|-------------|-----------|----------------------------|-----------|-------------------|-----------|-------|
| | | | | | | | | | |
| | | | | For | Debtor 1 | | Debtor 2 | | |
| | Con | y line 4 here | 4. | \$ | 0.00 | \$ | n-filing sp | 0.00 | |
| | JUP | y line 4 nere | | Ψ_ | 0.00 | Ψ_ | | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$_ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$_ | | 0.00 | |
| | 5e. | Insurance | 5e. | \$_ \$ | 0.00 | \$_ | | 0.00 | |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g. | » \$ | 0.00 | \$_ \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · . | 0.00 | · · · · | | 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | * \$ | 0.00 | \$ | | 0.00 | |
| | | | | Ψ_ | | · – | | | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$_ | | 0.00 | |
| 8. | | all other income regularly received: | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | • | • | | • | | | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | \$_ \$ | 0.00 | \$_ \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | Ψ_ | 0.00 | Ψ_ | | 0.00 | |
| | 00. | regularly receive | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | | |
| | 0.1 | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$_ | | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. | \$ \$ | 0.00 | \$_ \$ | | 0.00 | |
| | о с . 8f. | Other government assistance that you regularly receive | 8e. | Φ_ | 0.00 | Φ_ | | 0.00 | |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance |) | | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | 8f. | ¢ | 45.00 | æ | | 0.00 | |
| | 9.0 | Specify: Food Assistance Pension or retirement income | | \$_ \$ | 15.00 0.00 | \$_ \$ | | 0.00 | |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h.+ | · - | 0.00 | + \$ | | 0.00 | |
| | 011. | | _ '''' | Ψ_ | 0.00 | · — | | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 15.00 | \$ | | 0.00 | |
| | | | ! | | | | | | |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 15.00 + \$ | | 0.00 | = \$ | 15.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ' | | | | | | 10100 |
| 11. | Stat | e all other regular contributions to the expenses that you list in Schedule | . J. | | | | | | |
| | | ide contributions from an unmarried partner, members of your household, your | | dents, | your roommate | s, and | | | |
| | | r friends or relatives. | | | | | 0-11-1- | , | |
| | Spe | not include any amounts already included in lines 2-10 or amounts that are not cify. | avallab | ie to p | ay expenses iis | tea in | Scneaule . 11. | | 0.00 |
| | Оро | | | | | | | Ψ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The res | | | | | э. | | |
| | | e that amount on the Summary of Schedules and Statistical Summary of Certa | in Liabi | lities a | nd Related Date | a, if it | 12. | ¢ | 15.00 |
| | appl | Ies | | | | | 12. | Ψ | 13.00 |
| | | | | | | | | Combine | |
| 13. | Do v | ou expect an increase or decrease within the year after you file this form | ? | | | | ı | monthly i | ncome |
| 10. | = | No. | • | | | | | | |
| | | Yes. Explain: | | | | | | | |

| Filli | in this information to identify your | case: | | | | | | | | |
|---|---|---|--|-------------------|---------------------|-------------------------------|-----|--|--|--|
| Debtor 1 Balicia Gladys Duvall | | | | Check if this is: | | | | | | |
| | | | | | An amended filing | | | | | |
| Debtor 2 | | | | | | ing postpetition chapter | | | | |
| (Spo | ouse, if filing) | | | | 13 expenses as of t | the following date: | | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN | | | | | MM / DD / YYYY | | | | | |
| Case | e number | | | | | | | | | |
| (If kr | nown) | | | | | | | | | |
| Of | fficial Form 106J | | | | | | | | | |
| Sc | chedule J: Your Ex | xnenses | | | | 12/ | /15 | | | |
| Be a | as complete and accurate as po | ossible. If two married people ar ed, attach another sheet to this | | | | | | | | |
| Part | | old | | | | | | | | |
| 1. | Is this a joint case? | | | | | | | | | |
| | ■ No. Go to line 2. | | | | | | | | | |
| | ☐ Yes. Does Debtor 2 live in a | a separate household? | | | | | | | | |
| | □ No | | | | | | | | | |
| | ☐ Yes. Debtor 2 must fi | ile Official Form 106J-2, <i>Expense</i> s | for Separate House | hold of Deb | tor 2. | | | | | |
| 2. | Do you have dependents? | ■ No | | | | | | | | |
| ۷. | | | | | | | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | | | | |
| | Do not state the | | | | | □ No | | | | |
| | dependents names. | | | | | ☐ Yes | | | | |
| | | | | | | □ No | | | | |
| | | | | | | ☐ Yes | | | | |
| | | | | | | □ No □ Yes | | | | |
| | | | - | | | □ Yes □ No | | | | |
| | | | | | | ☐ Yes | | | | |
| 3. | Do your expenses include | ■ No | | | | □ 163 | | | | |
| | expenses of people other that yourself and your dependents | n n | | | | | | | | |
| Part | t 2: Estimate Your Ongoing | Monthly Expenses | | | | | | | | |
| Esti exp | imate your expenses as of you | r bankruptcy filing date unless y nkruptcy is filed. If this is a supp | | | | |) | | | |
| Incl | luda avnancas naid for with na | n-cash government assistance i | f you know | | | | | | | |
| | | nave included it on <i>Schedule I:</i>) | | | | | | | | |
| (Off | ficial Form 106l.) | | | | Your expe | enses | | | | |
| | | | | | | | | | | |
| 4. | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | | | 4. \$ | | 0.00 | | | | |
| | If not included in line 4: | | | | | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | 5 | 182.00 | | | | |
| | 4b. Property, homeowner's, o | or renter's insurance | | 4b. \$ | · . | 50.00 | | | | |
| | 4c. Home maintenance, repa | ir, and upkeep expenses | | 4c. \$ | | 100.00 | | | | |
| _ | 4d. Homeowner's association | | | 4d. \$ | | 0.00 | | | | |
| 5. Additional mortgage payments for your residence, such as home equity loans | | | | 5. \$ | <u> </u> | 0.00 | | | | |

| Debtor | Balicia Gladys Duvall | Case num | ber (if known) | |
|--------|---|-------------|---------------------------------------|--------------------------|
| S. Ut | ilities: | | | |
| 6a | | 6a. | \$ | 255.00 |
| 6b | 3 | 6b. | \$ | 13.25 |
| 6c | | 6c. | · | 0.00 |
| 6d | | 6d. | · · · · · · · · · · · · · · · · · · · | |
| | . , | | · | 0.00 |
| | od and housekeeping supplies | 7. | · | 300.00 |
| _ | ildcare and children's education costs | 8. | \$ | 0.00 |
| | othing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| | rsonal care products and services | 10. | \$ | 50.00 |
| . Ме | edical and dental expenses | 11. | \$ | 20.00 |
| | ansportation. Include gas, maintenance, bus or train fare. | | • | 200.00 |
| | not include car payments. | 12. | · - | 300.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 125.00 |
| . Cr | aritable contributions and religious donations | 14. | \$ | 0.00 |
| . Ins | surance. | | | |
| Do | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15 | a. Life insurance | 15a. | \$ | 0.00 |
| 15 | b. Health insurance | 15b. | \$ | 0.00 |
| 15 | c. Vehicle insurance | 15c. | \$ | 128.00 |
| 15 | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | · - | |
| Sp | ecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: a. Car payments for Vehicle 1 | 17a. | ¢ | 429.00 |
| | • • | | · | 128.00 |
| | b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other. Specify: water softener system | 17c. | | 58.00 |
| | d. Other. Specify: | 17d. | \$ | 0.00 |
| de | our payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | her payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| | her real property expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| 20 | a. Mortgages on other property | 20a. | \$ | 0.00 |
| 20 | b. Real estate taxes | 20b. | \$ | 0.00 |
| 20 | c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20 | d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | her: Specify: | | +\$ | 0.00 |
| | | | . * | 0.00 |
| | collected your monthly expenses | | | 4 750 05 |
| | a. Add lines 4 through 21. | | \$ | 1,759.25 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,759.25 |
| . Ca | Ilculate your monthly net income. | | L | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 15.00 |
| | b. Copy your monthly expenses from line 22c above. | 23b. | · · | 1,759.25 |
| 20 | 2. Supply 100. Monthly expended from the 220 above. | 200. | Ť | 1,7 33.23 |
| 23 | c. Subtract your monthly expenses from your monthly income. | 00 | œ. | -1,744.25 |
| | The result is your monthly net income. | 23c. | \$ | -1,744.20 |
| Fo | you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage? | | | or decrease because of a |
| | No | | | |
| | Vos Explain here: | | | |

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| Fill | Il in this information to identify your case: | | | |
|-----------------------|--|--------------|--------------|-----------------------------|
| Deb | ebtor 1 Balicia Gladys Duvall | | | |
| Deb | First Name Middle Name Last Name | | | |
| | couse if, filing) First Name Middle Name Last Name | | | |
| Uni | nited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN | | | |
| | ase numberknown) | | _ | if this is an led filing |
| | | | americ | od IIIIIg |
| | fficial Form 106Sum ummary of Your Assets and Liabilities and Certain Statistical Inform | nation | 1 | 2/15 |
| Be a infoi youi | as complete and accurate as possible. If two married people are filing together, both are equally respondence in the formation on this form. If you are filing together, both are equally respondence. If you are filing the fill out a new summary and check the box at the top of this page. | onsible fo | | |
| Par | art 1: Summarize Your Assets | | | |
| | | | Your as | sets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 33,733.33 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 4,760.28 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 38,493.61 |
| Par | art 2: Summarize Your Liabilities | | | |
| | | | Your lia | bilities |
| | | | Amount | you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Sch | edule D | \$ | 2,456.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 50,118.00 |
| | Your total | liabilities | \$ | 52,574.00 |
| Par | art 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 15.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 1,759.25 |
| Par | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the co | ourt with yo | ur other sch | edules. |
| 7. | Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual princurred by an indi | rimarily for | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. the court with your other schedules. | Check this | s box and su | bmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Balicia Gladys Duvall

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,349.83

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | aim |
|--|-----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 17,515.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 17,515.00 |

| Fill in this informa | ation to identify your | case: | | | |
|---|---|---|-----------------|-------------------------------|---|
| Debtor 1 | Balicia Gladys Du | | | | |
| | First Name | Middle Name | Last N | ame | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last N | ame | |
| United States Bank | cruptcy Court for the: | WESTERN DISTRICT O | OF MICHIGAN | <u> </u> | |
| Case number | | | | | ☐ Check if this is an amended filing |
| Official Form | 106Dec | | | | |
| | | n Individual | Debto | r's Schedules | 12/15 |
| You must file this f obtaining money o | form whenever you fi or property by fraud ir U.S.C. §§ 152, 1341, 1 | le bankruptcy schedules n connection with a bank | s or amended | | statement, concealing property, or 60,000, or imprisonment for up to 20 |
| Did you pay o | or agree to pay some | one who is NOT an attor | rney to help yo | ou fill out bankruptcy forms | 5? |
| ■ No | | | | | |
| ☐ Yes. Na | me of person | | | | Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119) |
| | of perjury, I declare rue and correct. | that I have read the sum | ımary and sch | nedules filed with this decla | ration and |
| X /s/ Balici | a Gladys Duvall | | Х | | |
| Balicia G | Gladys Duvall of Debtor 1 | | S | Signature of Debtor 2 | |
| Date Ma | ay 23, 2018 | | | Date | |

| Fill in this informa | tion to identify your o | case: | | | | |
|--|---|--|---------------------|---|-----------------|---|
| Debtor 1 | Balicia Gladys Du | | | | | |
| Debtor 2 | First Name | Middle Name | | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Bank | ruptcy Court for the: | WESTERN DISTR | RICT OF MIC | CHIGAN | | |
| Case number (if known) | | | | | | ☐ Check if this is an amended filing |
| Official Forr | | n for Indiv | ,iduals | Eiling Under C | hantar ' | 7 |
| Statement | or intentio | n ior marv | riuuais | Filing Under C | парцег | 12/15 |
| | dual filing under chap | | ll out this fo | rm if: | | |
| _ | laims secured by you | | | | | |
| You must file this f | r is earlier, unless th | ithin 30 days after | you file you | r bankruptcy petition or by tl ause. You must also send co | | |
| | ole are filing together date the form. | in a joint case, bo | oth are equa | lly responsible for supplying | correct inforn | nation. Both debtors must |
| | d accurate as possib r name and case nun | | s needed, at | tach a separate sheet to this | form. On the t | op of any additional pages, |
| Part 1: List Your | r Creditors Who Have | Socured Claims | | | | |
| | | | | | | |
| 1. For any creditors information below | | irt 1 of Schedule D | : Creditors | Who Have Claims Secured by | y Property (Of | ficial Form 106D), fill in the |
| Identify the credi | tor and the property th | nat is collateral | What do y secures a | you intend to do with the pro a debt? | perty that | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's Lak name: | e Trust Credit Unio | on | | der the property. In the property and redeem it. | | □ No |
| Description of | 2006 Saturn Ion 14 | 0,000 miles | | the property and enter into a rmation Agreement. | | Yes |
| property securing debt: | | | _ | the property and [explain]: | | |
| | | | | | | |
| For any unexpired in the information b | below. Do not list rea | ase that you listed I estate leases. Un | expired leas | G: Executory Contracts and ses are leases that are still in does not assume it. 11 U.S.C. | effect; the lea | eases (Official Form 106G), fill ise period has not yet ended. |
| Describe vour une | expired personal prop | perty leases | | | Wil | I the lease be assumed? |
| • | | | | | | |
| Lessor's name: Description of lease | ed | | | | | No |
| Property: | | | | | | Yes |
| Lessor's name: | ad. | | | | | No |
| Description of lease Property: | tu . | | | | | Yes |
| Lessor's name: | | | | | | No |
| Official Form 108 | | Statement of In | ntention for I | ndividuals Filing Under Char | oter 7 | page 1 |

Case:18-02370-swd Doc #:1 Filed: 05/23/18 Page 41 of 49

| De | btor 1 | Balicia Gladys Duvall | Case number (if known) | |
|-----|----------|---|--|------------------------------|
| De | scriptio | n of leased | | |
| Pro | perty: | | I | ☐ Yes |
| | ssor's n | ame: n of leased | 1 | □ No |
| | perty: | To Toused | ı | □ Yes |
| | ssor's n | ame: n of leased | 1 | □ No |
| | perty: | n or leased |] | □ Yes |
| | ssor's n | ame: n of leased | 1 | □ No |
| | perty: | ii di leased | ו | □ Yes |
| | ssor's n | ame: n of leased | 1 | □ No |
| | perty: | ii di leased | 1 | ☐ Yes |
| Pai | rt 3: | Sign Below | | |
| | | alty of perjury, I declare that I have indicate is subject to an unexpired lease. | cated my intention about any property of my estate that secu | ures a debt and any personal |
| X | | alicia Gladys Duvall | X | |
| | | cia Gladys Duvall | Signature of Debtor 2 | |
| | Signa | ature of Debtor 1 | | |
| | Date | May 23, 2018 | Date | |
| | | | | |

| Fill | in this infor | mation to identify you | r case: | | | |
|---------------------|----------------------------|----------------------------|---|---|--|---|
| Del | btor 1 | Balicia Gladys D | Duvall | | | |
| | | First Name | Middle Name | Last Name | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ited States Ba | nkruptcy Court for the: | WESTERN DISTRICT O | F MICHIGAN | | |
| | se number _ | | | | | Check if this is an amended filing |
| Sta Be a info | as complete a | of Financial | ble. If two married people attach a separate sheet to | duals Filing for B are filing together, both are this form. On the top of an | equally responsible for | |
| | | , | arital Status and Where You | ı Lived Before | | |
| 1. | What is you | r current marital statu | ıs? | | | |
| | ☐ Married | ı | | | | |
| | ■ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | st all of the places you I | ived in the last 3 years. Do n | ot include where you live nov | V. | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| 3. state | | | | gal equivalent in a commun evada, New Mexico, Puerto R | | |
| | ■ No □ Yes. Ma | ake sure you fill out Scl | nedule H: Your Codebtors (O | official Form 106H). | | |
| Pai | rt 2 Expla | in the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including part re together, list it only once ur | -time activities. | calendar years? |
| | ☐ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | | | | |

Official Form 107

Case number (if known)

| а | nclude ind nd other | come regard public benef | lless of wheth fit payments; | ner that income is taxable. pensions; rental income; in | two previous calendar year Examples of other income an interest; dividends; money co hat you received together, list | re alimony; child supp llected from lawsuits; | ; royalties; an | |
|--------------------|--|---|--|--|---|--|--|---|
| L | ist each s | source and t | he gross inco | ome from each source sepa | arately. Do not include incom | ne that you listed in li | ne 4. | |
| | □ No ■ Yes. | Fill in the de | etails. | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below | | Gross income (before deductions and exclusions) |
| | | / 1 of curre filed for bar | nt year until kruptcy: | Wages & Unemployment Benefits | \$2,870.0 | 0 | | |
| | | dar year: December | 31, 2017) | Wages & Unemployment Benefits | \$24,070.0 | 0 | | |
| | | dar year be December | | Wages & Unemployment Benefits | \$24,409.0 | 0 | | |
| _ | re either | r Debtor 1's | or Debtor 2 | Made Before You Filed for a debts primarily consulted to the consulted for 2 has primarily consulted for a debt for 2 has primarily consulted for a debt for 2 has primarily consulted for a debt fo | mer debts? | ebts are defined in 1 | 1 U.S.C. § 10 | 1(8) as "incurred by an |
| 6. A | re either □ No. | Debtor 1's Neither De individual p During the No. Yes * Subject | or Debtor 2' ebtor 1 nor Debtor 1 nor Debtor 2 nor Debtor 3 nor Debtor 4 nor Debtor 3 nor Debtor | each creditor to whom you filed for bankruptcy to an attorney for both have primarily consumption of the property of the prope | mer debts? nsumer debts. Consumer dehold purpose." n, did you pay any creditor a final paid a total of \$6,425* or moments for domestic support of this bankruptcy case. ears after that for cases filed | otal of \$6,425* or more in one or more pabligations, such as control or after the date of otal of \$600 or more and the total amount | ore? yments and the hild support a | he total amount you ind alimony. Also, do |
|). A | re either No. Yes. | Debtor 1's Neither Deindividual p During the No. Yes * Subject Debtor 1 c During the | or Debtor 2' ebtor 1 nor Debtor 1 nor Debtor 1 nor Debtor 2 nor Debtor 3 nor Debtor 3 nor Debtor 4 nor Debtor 2 nor Debtor 3 nor Debtor | each creditor to whom you ments for domestic support | mer debts? nsumer debts. Consumer dehold purpose." n, did you pay any creditor a topaid a total of \$6,425* or moments for domestic support of or this bankruptcy case. ears after that for cases filed insumer debts. n, did you pay any creditor a topaid a total of \$600 or more ret obligations, such as child seed to the consumer debts. | otal of \$6,425* or more in one or more pabligations, such as control or after the date of otal of \$600 or more and the total amount support and alimony. | ore? yments and the support and support support and support support and support support and support support and support support and support support and support and support and support and support s | he total amount you ind alimony. Also, do |
| 7. W III oo aa a | Yes. Creditor' Vithin 1 yesiders in f which ye business limony. | Pebtor 1's Neither Deindividual pring the No. Yes * Subject Debtor 1 conditions the No. Yes S Name and Yes S Name and Yes S Name and Yes S you operate | or Debtor 2' ebtor 1 nor Derimarily for a 90 days before Go to line 7 List below expaid that created to adjustment or Debtor 2 or 90 days before Go to line 7 List below exincted pay attorney for d Address you filed for elatives; any ficer, director exists a sole property of the control of | Pesch creditor to whom you filed for bankruptcy for an attorney for both have primarily consuments for domestic support this bankruptcy cach creditor to whom you editor. Do not include payr payments to an attorney for ton 4/01/19 and every 3 year both have primarily consuments for domestic support this bankruptcy case. Dates of pay bankruptcy, did you mal general partners; relatives, person in control, or own-roprietor. 11 U.S.C. § 101. | mer debts? nsumer debts. Consumer dehold purpose." n, did you pay any creditor a final paid a total of \$6,425* or moments for domestic support of or this bankruptcy case. ears after that for cases filed insumer debts. n, did you pay any creditor a final paid a total of \$600 or more retrobligations, such as child sumer debts. Total amount | otal of \$6,425* or more in one or more pabligations, such as coon or after the date of otal of \$600 or more and the total amount support and alimony. Amount you still owe the owner of which you ting securities; and a | yments and the hild support a sof adjustment of adjustment and the hild support and the hild | the total amount you and alimony. Also, do alimony. Also, do to creditor. Do not not not not payment for der? ral partner; corporation agent, including one for the company of the corporation agent, including one for the corporation agent. |
| 7. Will on a a a a | Yes. Creditor' Vithin 1 yesiders in f which ye business limony. No Yes. | Pebtor 1's Neither Deindividual pring the No. Yes * Subject Debtor 1 conditions the No. Yes S Name and Yes S Name and Yes S Name and Yes S you operate | or Debtor 2' ebtor 1 nor Deprimarily for a 90 days before Go to line 7 List below expaid that cronot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expaid that cronot include pay attorney for a dependent of the depe | Pesch creditor to whom you filed for bankruptcy for an attorney for both have primarily consuments for domestic support this bankruptcy cach creditor to whom you editor. Do not include payr payments to an attorney for ton 4/01/19 and every 3 year both have primarily consuments for domestic support this bankruptcy case. Dates of pay bankruptcy, did you mal general partners; relatives, person in control, or own-roprietor. 11 U.S.C. § 101. | mer debts? nsumer debts. Consumer dehold purpose." n, did you pay any creditor a top paid a total of \$6,425* or moments for domestic support of or this bankruptcy case. ears after that for cases filed insumer debts. n, did you pay any creditor a top paid a total of \$600 or more retrobligations, such as child so the paid in the payment on a debt you include payments for domestic in the paid in the payment on a debt you include payments for domestic in the paid in the payments for domestic in the payment | otal of \$6,425* or more in one or more pabligations, such as close on or after the date of otal of \$600 or more and the total amount support and alimony. Amount you still owe at owed anyone who there is any one of the support obligation of \$600 or more and the total amount support and alimony. | yments and the hild support and of adjustment and the first and the firs | the total amount you and alimony. Also, do alimony. Also, do to creditor. Do not not not not payment for der? ral partner; corporation agent, including one for the company of the corporation agent, including one for the corporation agent. |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Debtor 1 Balicia Gladys Duvall

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| Deb | otor 1 | Balicia Gladys Duvall | | Cas | e number (if known) | | |
|-----|------------------|---|---|---|----------------------|---|------------------------------|
| | | | | | | | |
| | inside Includ | er? le payments on debts guaranteed or cos | igned by an insider. | | | | |
| | _ | e paymomo on accio guarameca er eco | .goa oy a.i. ii.o.aoi.i | | | | |
| | _ ` | No | | | | | |
| | | es. List all payments to an insider | D | | • | - · | 41. |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Include cred | this payment litor's name |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | List al | n 1 year before you filed for bankrupton I such matters, including personal injury ications, and contract disputes. | | | | | |
| | | No | | | | | |
| | | es. Fill in the details. | | | | | |
| | Case | e title e number | Nature of the case | Court or agency | | Status of th | ne case |
| | | over Card v Balicia G. Duvall 158- GC | Lawsuit | 55th District Co 700 Buhl Ave. Mason, MI 4885 | | □ Pending□ On appeal□ Concluded | |
| | | | | | | judgemen | t |
| 10. | Check | n 1 year before you filed for bankrupto call that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | cy, was any of your pr ». Describe the Proper | | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | | | Explain what happe | | | | property |
| | | | | | | | |
| 11. | accou | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | | | nancial institutior | i, set off any a | amounts from your |
| | Cred | itor Name and Address | Describe the action | the creditor took | | action was | Amount |
| 12. | court | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a No ⁄es | | operty in the possessi | taker | | efit of creditors, a |
| Par | t 5: | List Certain Gifts and Contributions | | | | | |
| | | | | | | _ | |
| 13. | | n 2 years before you filed for bankrup √o | tcy, did you give any (| girts with a total value | or more than \$60 | u per person | ' |
| | _ | vo ∕es. Fill in the details for each gift. | | | | | |
| | Gifts | with a total value of more than \$600 person | Describe the gi | fts | Date: the g | s you gave ifts | Value |
| | Pers Addr | on to Whom You Gave the Gift and | | | | | |

Case number (if known)

| 14. | Within 2 years before you filed for banks No | ruptcy, c | lid you give any gifts or contributions with a tota | ıl value of more than | \$600 to any charity? |
|-----|---|------------|---|-------------------------------------|--------------------------|
| | Yes. Fill in the details for each gift or o | contributi | ion. | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | | be any insurance coverage for the loss | Date of your loss | Value of property lost |
| | | | the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property</i> . | | |
| Par | t 7: List Certain Payments or Transfer | s | | | |
| 10. | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition particles and the No Yes. Fill in the details. Person Who Was Paid | preparir | s, or credit counseling agencies for services required Description and value of any property | d in your bankruptcy. Date payment | Amount of |
| | Address Email or website address Person Who Made the Payment, if Not Y | You | transferred | or transfer was made | payment |
| | Scott Marshall Neuman, P.C. 2196 Commons Parkway Okemos, MI 48864 xneumanx@aol.com | | Attorney Fees | | \$810.00 |
| | Pioneer Credit Counseling P.O. Box 6860 1644 Concourse Dr. Rapid City, SD 57709 | | Bankruptcy Education | | \$40.00 |
| 17. | promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | | or transfer any prope | rty to anyone who |
| | Yes. Fill in the details. Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | | |

Debtor 1 Balicia Gladys Duvall

| Debtor 1 Balicia Gladys | Duvall |
|-------------------------|--------|
|-------------------------|--------|

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | |
|-----|--|--|---------|--|----------------------------|-------------|---|---|--|--|
| | Add | son Who Received Transfer dress son's relationship to you | | Description and property transfe | | payme | ibe any property or ents received or debts n exchange | Date transfer was made | | |
| 19. | | nin 10 years before you filed for bankru eficiary? (These are often called asset-pl No Yes. Fill in the details. | | | ny property to a | self-settle | d trust or similar device o | of which you are a | | |
| | Nar | ne of trust | | Description and | value of the pro | perty trans | sferred | Date Transfer was made | | |
| Par | t 8: | List of Certain Financial Accounts, Ir | strun | nents, Safe Depos | sit Boxes, and St | orage Unit | es | | | |
| 20. | sold Inclu | nin 1 year before you filed for bankrupt , moved, or transferred? ude checking, savings, money market, ses, pension funds, cooperatives, asso | or oth | ner financial acco | unts; certificates | of deposit | | , , | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | ne of Financial Institution and dress (Number, Street, City, State and ZIP e) | | t 4 digits of ount number | Type of account instrument | ınt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe | | Describe | the contents | Do you still have it? | | |
| 22. | Have | e you stored property in a storage unit | or pla | ace other than you | ır home within 1 | year befor | re you filed for bankruptc | y? | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | | | What also has an | had assess | Dagarika | the contents | Do way atill | | |
| | | ne of Storage Facility dress (Number, Street, City, State and ZIP Code) | | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| Par | t 9: | Identify Property You Hold or Contro | l for S | Someone Else | | | | | | |
| 23. | | you hold or control any property that so comeone. | omeoi | ne else owns? Inc | lude any propert | y you borr | rowed from, are storing fo | or, or hold in trust | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | ner's Name dress (Number, Street, City, State and ZIP Code) | | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | | |
| Par | t 10: | Give Details About Environmental In | forma | tion | | | | | | |
| For | the p | urpose of Part 10, the following definit | ions a | apply: | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Balicia Gladys Duvall

Case number (if known)

| | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | |
|-----|--|--|--|----------------------|--|--|--|--|--|
| | Site means any location, facility, or property to own, operate, or utilize it, including dispose | | I law, whether you now own, operate, o | r utilize it or used | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort all notices, releases, and proceedings that | at you know about, regardless of whe | en they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that | you may be liable or potentially liable | le under or in violation of an environme | ntal law? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or adm | ninistrative proceeding under any en | vironmental law? Include settlements a | nd orders. | | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | t 11: Give Details About Your Business or | Connections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankrupt | cy, did you own a business or have a | nny of the following connections to any | business? | | | | | |
| | ☐ A sole proprietor or self-employed in | | | | | | | | |
| | ☐ A member of a limited liability comp | any (LLC) or limited liability partners | hip (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | | |
| | ☐ Yes. Check all that apply above and fill | in the details below for each busines | SS. | | | | | | |
| | Business Name | Describe the nature of the business | | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security no | number or ITIN. | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement | t to anyone about your business? Inclu | de all financial | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| | (Hamber, Greet, Gity, Glate and Zir' Gode) | | | | | | | | |

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

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| Debtor 1 Ballcia Gladys Duvall | Case number (# known) | |
|---|---|----|
| | a false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. | 'n |
| /s/ Balicia Gladys Duvall Balicia Gladys Duvall Signature of Debtor 1 | Signature of Debtor 2 | |
| Date May 23, 2018 | Date | |
| Did you attach additional pages to <i>Your State</i> . ■ No □ Yes | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| Did you pay or agree to pay someone who is a ■ No | ot an attorney to help you fill out bankruptcy forms? | |
| ☐ Yes. Name of Person Attach the Bank | uptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |

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08/12

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

| In re: | | | Case No. | | | |
|-------------------------|-----------------------|---|-----------|--|--|--|
| | Balicia Gladys Duvall | | Chapter 7 | | | |
| | Debtor(s). | / | | | | |
| ASSET PROTECTION REPORT | | | | | | |

ASSET PROTECTION REPORT

Pursuant to Local Bankruptcy Rule 1007-2(d), debtors filing a Chapter 7 petition and debtors in a case converting to Chapter 7 must file an Asset Protection Report. List below any property referenced on Schedule D (Creditors Holding Secured Claims); or Schedule G (Executory Contracts and Unexpired Leases); and any insurable asset in which there is nonexempt equity. For each asset listed, provide the following information regarding property damage or casualty insurance:

| INSURABLE ASSET (from schedules) | IS ASSET INSURED? (Yes/No) | NAME & ADDRESS OF AGENT OR INSURANCE CO. | POLICY EXPIRATION DATE (MM/YYYY) | WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No) |
|--|----------------------------------|--|---|---|
| 2685 Haslett Road Williamston, MI 48895 Ingham County property is owned by Alice A. Duvall Revocable Living Trust. Debtor has a life estate in the property. Then debtor's beneficiaries will receive a 1/3 interest in property. Property is valued at \$101,200 | Yes | AAA Insurance, 1 Auto Club Dr., Dearborn, MI 48126 | 10/19/18 | Yes |
| 2006 Saturn Ion | Yes | AAA Insurance, 1 Auto Club Dr., Dearborn, Mi 48126 | 08/01/18 | Yes |

| | Yes No | eneral liability insurance for business activities? | |
|--------|---|--|--|
| | declare, under penalty of perjury, that the above information is true and accurate to the best of my nowledge. I intend to provide insurance protection for any exemptible interests in real or personal roperty of the estate, and I request that the trustee not expend estate funds to procure insurance overage for my exemptible assets. | | |
| Dated: | May 23, 2018 | /s/ Balicia Gladys Duvall Balicia Gladys Duvall Debtor | |

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors